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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO January 8, 2019  
BY: [Signature] ANALYST

8. BEFORE THE  
9. MEDICAL BOARD OF CALIFORNIA  
10. DEPARTMENT OF CONSUMER AFFAIRS  
11. STATE OF CALIFORNIA

12. In the Matter of the Accusation Against:

Case No. 800-2017-034384

13. Richard Andrew Lannon, M.D.  
14. 350 Parnassus Ave., Ste. 909  
15. San Francisco, CA 94117

ACCUSATION

16. Physician's and Surgeon's Certificate  
17. No. A 23592,

Respondent.

18.  
19. Complainant alleges:

20. PARTIES

21. 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
22. capacity as the Executive Director of the Medical Board of California, Department of Consumer  
23. Affairs (Board).

24. 2. On or about November 21, 1969, the Medical Board issued Physician's and Surgeon's  
25. Certificate Number A 23592 to Richard Andrew Lannon, M.D. (Respondent). The Physician's  
26. and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27. herein and will expire on October 31, 2019, unless renewed.  
28.

## JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2001.1 of the Code provides that the Board's highest priority shall be public protection.

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

1       “(e) The commission of any act involving dishonesty or corruption which is substantially  
2 related to the qualifications, functions, or duties of a physician and surgeon.

3       “(f) Any action or conduct which would have warranted the denial of a certificate.

4       “(g) The practice of medicine from this state into another state or country without meeting  
5 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
6 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
7 proposed registration program described in Section 2052.5.

8       “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
9 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
10 who is the subject of an investigation by the board.”

11       7. Section 2242 of the Code states:

12       “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022  
13 without an appropriate prior examination and a medical indication, constitutes unprofessional  
14 conduct.

15       “(b) No licensee shall be found to have committed unprofessional conduct within the  
16 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of  
17 the following applies:

18       “(1) The licensee was a designated physician and surgeon or podiatrist serving in the  
19 absence of the patient’s physician and surgeon or podiatrist, as the case may be, and if the drugs  
20 were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return  
21 of his or her practitioner, but in any case no longer than 72 hours.

22       “(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed  
23 vocational nurse in an inpatient facility, and if both of the following conditions exist:

24       “(A) The practitioner had consulted with the registered nurse or licensed vocational nurse  
25 who had reviewed the patient’s records.

26       “(B) The practitioner was designated as the practitioner to serve in the absence of the  
27 patient’s physician and surgeon or podiatrist, as the case may be.

1       “(3) The licensee was a designated practitioner serving in the absence of the patient’s  
2 physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized  
3 the patient’s records and ordered the renewal of a medically indicated prescription for an amount  
4 not exceeding the original prescription in strength or amount or for more than one refill.

5       “(4) The licensee was acting in accordance with Section 120582 of the Health and Safety  
6 Code.”

7       8.     Section 2266 of the Code states:

8       “The failure of a physician and surgeon to maintain adequate and accurate records relating  
9 to the provision of services to their patients constitutes unprofessional conduct.”

10      9.     All of the incidents alleged herein occurred in California.

11                                   **PERTINENT DRUGS**

12      10.    Alprazolam, also known by the trade name Xanax, is a psychotropic triazolo analogue  
13 of the 1,4 benzodiazepine class of central nervous system-active compounds. Xanax is used for  
14 the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is  
15 a dangerous drug as defined in section 4022 and a schedule IV controlled substance and narcotic  
16 as defined by section 11057, subdivision (d) of the Health and Safety Code. Xanax has a central  
17 nervous system depressant effect and patients should be cautioned about the simultaneous  
18 ingestion of alcohol and other CNS depressant drugs during treatment with Xanax. Addiction-  
19 prone individuals (such as drug addicts or alcoholics) should be under careful surveillance when  
20 receiving alprazolam because of the predisposition of such patients to habituation and  
21 dependence. The usual starting dose of Xanax is 0.25 to 0.5 mg. three times per day.

22      11.    Benzodiazepines (ben-zoe-dye-AZ-e-peens) belong to the group of medicines called  
23 central nervous system (CNS) depressants (medicines that slow down the nervous system). Some  
24 benzodiazepines are used to relieve anxiety. However, benzodiazepines should not be used to relieve  
25 nervousness or tension caused by the stress of everyday life. Some benzodiazepines are used to treat  
26 insomnia (trouble in sleeping). However, if used regularly (for example, every day) for insomnia, they  
27 usually are not effective for more than a few weeks.

1        12. Diazepam (Valium) is a psychotropic drug for the management of anxiety disorders  
2        or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in  
3        section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health  
4        and Safety Code. Diazepam can produce psychological and physical dependence and it should be  
5        prescribed with caution particularly to addiction-prone individuals (such as drug addicts and  
6        alcoholics) because of the predisposition of such patients to habituation and dependence. Valium  
7        is available in 5 mg. and 10 mg. tablets. The recommended dosage is 2 to 10 mg. 2 to 4 times  
8        daily.

9        13. Methadone hydrochloride is a synthetic narcotic analgesic with multiple actions  
10        quantitatively similar to those of morphine. It also goes by the trade names Methadose and  
11        Dolophine. It is a dangerous drug as defined in section 4022 and a schedule II controlled  
12        substance and narcotic as defined by section 11055, subdivision (c) of the Health and Safety  
13        Code. Methadone can produce drug dependence of the morphine type and, therefore, has the  
14        potential for being abused. Psychic dependence, physical dependence, and tolerance may develop  
15        upon repeated administration of methadone, and it should be prescribed and administered with the  
16        same degree of caution appropriate to the use of morphine. Methadone should be used with  
17        caution and in reduced dosage in patients who are concurrently receiving other narcotic  
18        analgesics. The usual adult dosage is 2.5 mg. to 10 mg. every three to four hours as necessary for  
19        severe acute pain.

20        14. Norco is a trade name for hydrocodone bitartrate with acetaminophen. Norco tablets  
21        contain 10 mg. of hydrocodone bitartrate and 350 mg. of acetaminophen. Acetaminophen is a  
22        non-opiate, non-salicylate analgesic and antipyretic. Hydrocodone bitartrate is semisynthetic  
23        narcotic analgesic and a dangerous drug as defined in section 4022 of the Business and  
24        Professions Code. Norco is a schedule II controlled substance and narcotic as defined by section  
25        11055, subdivision (e) of the Health and Safety Code. Repeated administration of hydrocodone  
26        over a course of several weeks may result in psychic and physical dependence. The usual adult  
27        dosage is one tablet every four to six hours as needed for pain. Dosage should be adjusted  
28        according to the severity of the pain and the response of the patient. However, it should be kept

1 in mind that tolerance to hydrocodone can develop with continued use and that the incidence of  
2 untoward effects is dose related. The total 24-hour dose should not exceed 6 tablets.

3 15. Triazolam, known by the trade name Halcion, is a hypnotic drug indicated for the  
4 short-term treatment of insomnia (generally 7-10 days). It is a dangerous drug as defined in  
5 section 4022 and a schedule IV controlled substance as defined by section 11057 of the Health  
6 and Safety Code. Halcion has central nervous system depressant effects and patients should be  
7 cautioned about the concomitant ingestion of alcohol and other CNS depressant drugs during  
8 treatment with Halcion tablets. The risk of drug dependence for Halcion is increased in patients  
9 with a history of alcoholism or drug abuse. Such dependence-prone individuals should be under  
10 careful surveillance when receiving Halcion. The recommended dosage for most adults is 0.25  
11 mg. before retiring.

12 16. Zoloft, a trade name for sertraline hydrochloride, is a selective serotonin reuptake  
13 inhibitor (SSRI) chemically unrelated to other SSRIs, tricyclic, tetracyclic, or other available  
14 antidepressant agents. It is a dangerous drug as defined by section 4022. Zoloft is used for the  
15 treatment of depression, obsessive compulsive disorder, and panic disorder. Zoloft causes  
16 decreased clearance of diazepam (Valium). It has side effects including nausea, diarrhea,  
17 dyspepsia, tremor, dizziness, insomnia and somnolence.

### 18 FACTS

19 17. In July 1988, Pt. 1<sup>1</sup> first presented to Respondent complaining of severe anxiety,  
20 depression, and insomnia. Respondent initially prescribed the benzodiazepines, alprazolam and  
21 triazolam.

22 18. Respondent continued to treat and prescribe controlled substances to Pt. 1 for the  
23 next twenty-five years.

24 19. On January 27, 2011, Respondent examined Pt. 1, increased the dosing of Zoloft  
25 received by the patient, and prescribed three to five diazepam daily. The medical records fail to  
26

27  
28 <sup>1</sup> The patient is identified herein as Pt. 1 to preserve confidentiality. The patient's name  
will be provided to Respondent in discovery.

1 describe the rationale for increasing the Zoloft dosing, and the notes do not follow any narrative  
2 structure.

3 20. Between January 27, 2011 and August 7, 2013, Pt. 1 received diazepam on 32  
4 occasions and triazolam on 18 occasions, without examination, each prescribed by Respondent,

5 21. Between January 27, 2011 and August 7, 2013, Pt. 1 also received Norco 10 mg./325  
6 mg. on 29 occasions, and methadone 10 mg. on 22 occasions, prescribed by another physician,  
7 G.M., M.D.

8 22. Respondent was aware that Pt. 1 was being prescribed Norco and methadone at that  
9 time by another provider, but never contacted or spoke with that provider.

10 23. Respondent stated that refills of existing prescriptions were provided after Pt. 1 called  
11 on the telephone and told him that she was stable on the current medication doses. Respondent  
12 would then sign and fax to the pharmacies, prescription renewals. Respondent has lost all the  
13 prescription renewal faxes and has no other notes regarding the prescription refills.

14 24. On August 7, 2013, Respondent examined Pt. 1, who complained of severe pain and  
15 disability. Respondent provided an early refill of diazepam 10 mg., #120, lasting thirty days,  
16 along with four refills.

17 25. On October 24, 2013, Pt. 1 expired.

#### 18 **FIRST CAUSE FOR DISCIPLINE**

19 **(Unprofessional Conduct: Furnishing Dangerous Drugs Without An Appropriate Prior**  
20 **Examination)**

21 26. The allegations of paragraphs 16 through 24 are incorporated by reference as if set out  
22 in full. Respondent is subject to disciplinary action under section 2234 [unprofessional conduct],  
23 and/or section 2242 [furnishing dangerous drugs without an appropriate prior examination], in  
24 that, as described above, Respondent repeatedly failed to conduct an appropriate prior  
25 examination of Pt. 1 while authorizing refills of dangerous drugs.

#### 26 **SECOND CAUSE FOR DISCIPLINE**

27 **(Unprofessional Conduct: Gross Negligence/ Repeated Negligent Acts)**

28 27. The allegations of paragraphs 16 through 24 are incorporated by reference as if set

1 out in full. Respondent is subject to disciplinary action under section 2234 [unprofessional  
2 conduct, and/or 2234(b) [gross negligence], and/or 2234(c) [repeated negligent acts or omissions],  
3 in that, as described above, Respondent repeatedly failed to contact or speak with another provider  
4 who Respondent knew was prescribing dangerous drugs to Pt. 1 at the same time that Respondent  
5 was treating and providing dangerous drugs to Pt. 1.

### 6 **THIRD CAUSE FOR DISCIPLINE**

#### 7 **(Failure to Maintain Adequate Medical Records)**

8 28. The allegations of paragraphs 16 through 24 above are incorporated by reference as if  
9 set out in full. Respondent's license is subject to disciplinary action in that Respondent's failure  
10 to maintain adequate and accurate records relating to his medical care and treatment of Pt. 1  
11 constitutes unprofessional conduct by application of section 2266.

### 12 **DISCIPLINE CONSIDERATIONS**

13 29. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant  
14 alleges that Respondent has been subject to prior discipline, as follows:

15 A. On December 9, 2002, in a prior disciplinary action entitled "In the Matter of the  
16 Accusation filed Against Richard A. Lannon, M.D.," Case No. 03-1999-102369, the Medical  
17 Board of California revoked Respondent's Physician's and Surgeon's Certificate No. A 23592,  
18 stayed the revocation and placed respondent on probation for two years. That Decision is now  
19 final and is incorporated by reference as if fully set forth. Respondent's license was fully restored  
20 to clear status following successful completion of probation, effective December 9, 2004.

### 21 **PRAYER**

22  
23 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
24 and that following the hearing, the Medical Board of California issue a decision:

25 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 23592,  
26 issued to Richard Andrew Lannon, M.D.;

27 2. Revoking, suspending or denying approval of Richard Andrew Lannon, M.D.'s  
28 authority to supervise physician assistants and advanced practice nurses;



1       3.     Ordering Richard Andrew Lannon, M.D., if placed on probation, to pay the Board the  
2 costs of probation monitoring; and

3       4.     Taking such other and further action as deemed necessary and proper.  
4

5     DATED:

6       January 8, 2019



KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*